

USE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	20200	11-24-99
O.I.P.E. CLASSIFIER		20	12/1/99
FORMALITY REVIEW		65455	12/1/99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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21	✓	✓	✓
22	✓	✓	✓
23	✓	✓	✓
24	✓	✓	✓
25	✓	✓	✓
26	✓	✓	✓
27	✓	✓	✓
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32	✓	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy